



ON THE ROAD AGAIN TOURS INC

ABN 38 287 972 120

Please email completed forms to joanne.williams27@outlook.com

APPLICATION FOR MEMBERSHIP FORM

Membership period 1st January to 31st December

Please tick correct box: New Membership

☐

Membership Renewal

☐

Name: _____

Address: _____ P/code: _____

Email _____ Phone _____

New members require two current members to nominate them:

Name: _____

Name: _____

Phone Number: _____

Phone Number: _____

How did you hear about OTRA TOURS INC?

I wish to pay my \$50 (GST Exclusive) membership fee by

☐ Cash ☐ EFT (BSB: 633-000 ACC: 174 544 155)

I give permission for the free use of my name, voice or picture in any broadcast, telecast, advertising, promotion or other account of this event, including advertising and promotions for future OTRA events, by OTRA or the RFDS.

I hereby apply for membership to On the Road Again Tours Inc. and agree to abide by the Rules of Association.

Signature: _____ Date: _____

Membership is subject to committee approval.

Membership Fee is non-refundable unless membership is refused.

OFFICE USE ONLY: Entered:

Receipt no: